



Sentencing Revocation Report

◆ OFFENDER

First: _____ Middle: _____

Last: _____ Suffix: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
Month Day Year

SID/CCRE: _____

◆ COURT

Judicial Circuit: _____ City/County: _____ FIPS Code: _____

Judge's Name: _____
Office Use Only

◆ MOST SERIOUS ORIGINAL FELONY OFFENSE INFORMATION

Primary Offense _____ VCC _____ Sentencing Date (Original) _____
Month Day Year

PSI NUMBER: _____

◆ ORIGINAL DISPOSITION INFORMATION

No Incarceration Detention or Diversion Center Incarceration (no active incarceration) Jail or Prison

◆ TYPE OF REVOCATION (check all that apply)

Probation Post-Release Good Behavior Suspended Sentence Community-Based Program

◆ CONDITIONS CITED IN VIOLATION (check all that apply)

- 1. Fail to obey all Federal, State, and local laws and ordinances
- 2. Fail to report any arrests within 3 days to probation officer
- 3. Fail to maintain employment or to report changes in employment
- 4. Fail to report as instructed
- 5. Fail to allow probation officer to visit home or place of employment
- 6. Fail to follow instructions and be truthful and cooperative
- 7. Use alcoholic beverages
- 8. Use, possess, distribute controlled substances or paraphernalia
- 9. Use, own, possess, transport or carry firearm
- 10. Change residence or leave State of Virginia without permission
- 11. Abscond from supervision
- Fail to follow special conditions (specify) _____

Complete if there are any new law or ordinance violations:
VCCs for most serious conviction

Location of Arrest:

Virginia Out of State or Federal

◆ VIOLATION GUIDELINES RECOMMENDATION

Probation/No Incarceration Probation Violation Guidelines Do Not Apply

Incarceration (Enter Range Below)

Sentence Range _____ to _____
Years Months Days Years Months Days

Recommendation Exceeds Revocable Time of _____
Years Months Days



Final Decision/Disposition

To be completed by the sentencing Judge or Judge's designee.

◆ DECISION OF THE COURT

- Found in Violation— OR →
of Conditions Cited
- Taken Under Advisement
- Not in Violation

Found in Violation of the Following Conditions: (check all that apply)

<input type="checkbox"/> Fail to obey all laws and ordinances	<input type="checkbox"/> Use alcoholic beverages
<input type="checkbox"/> Fail to report any arrests within 3 days	<input type="checkbox"/> Use, possess, distribute drugs or paraphernalia
<input type="checkbox"/> Fail to maintain employment/report changes	<input type="checkbox"/> Use, own, possess firearm
<input type="checkbox"/> Fail to report as instructed	<input type="checkbox"/> Change residence/leave State without permission
<input type="checkbox"/> Fail to allow probation officer to visit	<input type="checkbox"/> Abscond from supervision
<input type="checkbox"/> Fail to follow instructions and be truthful	<input type="checkbox"/> Fail to follow special conditions _____

◆ SENTENCE FOR REVOCATION

Amount of Revocable Time at Hearing/Sentencing.....	<input type="checkbox"/> Life +	Years	Months	Days	
Amount of Time to Serve for Violation.....	<input type="checkbox"/> Life +				<input type="checkbox"/> Sentenced to Time Served
Placed on Supervised Probation For:	<input type="checkbox"/> Indefinite				<input type="checkbox"/> Continued on Same Period of Supervision
<input type="checkbox"/> Continued Under Same Conditions	<input type="checkbox"/> Released from Supervision/Restrictions				

◆ SANCTIONS IMPOSED FOR REVOCATION (Check all that apply)

- Electronic Monitoring
- Day Reporting
- Detention Center Incarceration
- Community-Based Program _____
Specify type or name of program
- Intensive Probation
- Diversion Center Incarceration

Office Use Only

<small>Other</small>		<small>CBP</small>	

Other _____
Specify type or name of program

◆ REASON FOR DEPARTURE FROM GUIDELINES

Office Use Only

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◆ DATE OF REVOCATION DECISION

<small>Month</small>		<small>Day</small>		<small>Year</small>	

Judge's Signature

Probation Violation Guidelines ❖ Section A

Offender Name: _____

◆ **Original Felony Offense Type** *select the type of most serious original felony offense* →

A. Drug	10	
B. Person	14	
C. Traffic/Weapon	24	
D. Other	0	

Score

▼

▼

◆ **Previous Capias/Revocation Requests** →

Number: 1	7	
2 or more	9	

▼

▼

◆ **New Felony Arrests** →

Number: 1 - 3	2	
4 or more	16	

▼

▼

◆ **Never Reported to following Programs/Unsuccessful Discharge from:** – If YES, add 13 →

Community service, Day Reporting, Detention and/or Diversion Center, Boot Camp, Employment and/or Residential programs

▼

◆ **Condition(s) Violated:** _____ If YES, add 15 →

- Fail to report any arrests within 3 days to probation officer
- Fail to maintain employment/report changes in employment
- Fail to report as instructed
- Fail to allow probation officer to visit home or place of employment
- Fail to follow instructions and be truthful and cooperative
- Use alcoholic beverages to excess
- Use, possess, distribute controlled substances or paraphernalia
- Use, own, possess, transport or carry firearm
- Abscond from supervision
- Fail to follow special conditions

▼

◆ **Used, Possessed, Distributed Controlled Substances or Paraphernalia** -If YES, add 15 →

▼

◆ **Absconded from supervision** _____ If YES, add 16 →

▼

◆ **Time Absconded** →

5 months or less	0	
6 months to 12 months	11	
13 months or more	18	

▼

Total Score _____ →

▼

If total is 30 or less, the recommendation is **Probation/No Incarceration**.
If total is 31 or more, go to **Section C Worksheet**.

Probation Violation Guidelines Section C Offender Name: _____

◆ **Original Felony Offense Type** *select the type of most serious original felony offense*

A. DWI or Habitual Offender	3	Score  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
B. Property	4	
C. Drug	5	
D. Person	13	
E. Weapon	16	
F. Other	1	

◆ **Previous Adult Probation Revocation Events**

Events: 1 - 2	4	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
3 or more	16	

◆ **New Arrests for Crimes Against Person**

Number: 0	0	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
1	4	
2	15	
3 - 4	30	
5 or more	38	

◆ **New Arrests for Nonperson Crimes**

Number: 0 - 1	0	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
2	9	
3 - 4	12	
5 or more	19	

◆ **Months until First Noncompliant Incident**

10 months or less	28	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
11 months to 22 months	22	
23 months or more	0	

◆ **Unsuccessful Discharge from Detention Center Program** If YES, add 30 →

◆ **Never Reported to Drug Treatment/Drug Education Program**

Number: 1 - 2	9	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
3 or more	16	

◆ **Positive Drug Test or Signed Admission (not marijuana or alcohol)** If YES, add 10 →

◆ **Violated Sex Offender Restrictions** If YES, add 40 →

◆ **Time Absconded**

2 months or less	0	 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
3 months to 24 months	9	
25 months or more	12	

Total Score →

See Probation Violation Guidelines Section C
Recommendation Table for guidelines sentence range.